ART 19 CMM CAMS

MULTIPLE DE NOENT CLA

MULTIPLE DE __NDENT CLAIM FEE CALCULATION SHEET

FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO.

16/12

FILING DATE

APPLICANT(S)

CLAIMS

1 2 3 4 5 6 7	IND.	DEP.		TER NOMENT DEP.		TER ENDMENT			ASF	TILED	AF L'AME	TER	AF	TEI	
2 3 4 5 6 7	IND.	DEP.	IND.	DEP.	IND	T					LAME	NOMENT		AFTER	
2 3 4 5 6 7		1	•		IIID.	DEP.			IND.	DEP.	IND.	DEP.		ENDM	
3 4 5 6 7			 					51			MAD.	DEP.	IND.	D	
4 5 6 7 8		1						52						┼	
6 7 8		7					-	53						 	
8		1					· -	54							
8		1					· -	55 56							
		1					- 1-	57							
		/					1	58							
9		/ , 						59							
10 11		-/-						60							
12	-/							61							
13	·							62							
14								63							
15					+			64							
16								65 66							
17								67							
18								68			-				
19								69							
20								70							
22								71							
23				—				72							
24								3	_						
25			-+			 	7								
26							7			_					
27							7								
28							7:				-				
29							79								
30							80								
32		[81			-					
33				_		_	82								
34						_	83 84								
35				\neg	\neg	\dashv	85			_ _					
36					\neg	-	86								
37							87				- -	- 			
38							88								
39							89					\neg		\neg	
40	_ _	 					90								
42							91								
43				-1		-1	92	-		-	_				
44		1-		1-	1-	-	94	1						_	
45				1	1		95	1						-1	
46							96			77		V	1	\dashv	
47							97						1	\dashv	
48	_			4		_	98						1	\dashv	
49		-[99							\Box	
50			 	-			100	-		4					
TAL BOD	_	1	#		4	1	TOTAL IN	.]	1		1		1		
TAL DET	-				·_		TOTAL DE	1	 _	-	~	-			
TOTAL /	1888		Taxaa	1	THE		TOTAL	-	1986	-	1	-	1853		
				<u> </u>			CLAIMS					H			
ZADIES //										RTMENT of					